

Superior Court of Arizona  
Maricopa County  
Family Court Cover Sheet

**Check one:**

- ☐ **Dependency**  
☐ **Termination of Parental Rights**  
☐ **Adoption**

Case Number (Clerk will stamp case # when documents are filed).

**ATLAS number(s):** \_\_\_\_\_

**Instructions:**

(if applicable)

- Provide the following information requested about each party.
- Type or print neatly in black ink.
- If more room is needed, please attach a separate page.

**Information about the Petitioner:**

Name: \_\_\_\_\_ Business phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Cell phone/pager: ( ) \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Title (if applicable): \_\_\_\_\_  
Home phone: ( ) \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Attorney name/Bar number: \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_

**Information about the Children:**

**Names, Dates of Birth, and Social Security Numbers for Minor Children Involved:**

Name: _____	DOB: _____	SSN: _____
Name: _____	DOB: _____	SSN: _____
Name: _____	DOB: _____	SSN: _____
Name: _____	DOB: _____	SSN: _____

**Information about Mother of Child(ren):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home phone #: ( ) \_\_\_\_\_  
Work phone number: ( ) \_\_\_\_\_  
Cell phone/pager: ( ) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

**Information about Father of Child(ren)\*:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home phone #: ( ) \_\_\_\_\_  
Work phone number: ( ) \_\_\_\_\_  
Cell phone/pager: ( ) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

E-mail address: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Name(s) of child(ren): \_\_\_\_\_

(\* If there is more than one father, please list additional fathers on page three (3). Also please specify, if there are multiple fathers, which fathers are connected with which children.)

**Please list ANY siblings of the children listed above who are NOT involved in this case:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

**Names, Date of Birth and Social Security Numbers for ANY adult, over the age of 18, who is living in the same home as any of the children listed above:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

**Have there been any other cases (EXCLUDING minor traffic offenses) in any court involving members of this family?** ☐ Yes ☐ No. If yes, please describe, and provide case numbers if known: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Domestic Violence Section

Has anyone mentioned on this cover sheet been the victim of any family or domestic violence? ☐ Yes ☐ No. If yes, please identify: \_\_\_\_\_

Has anyone mentioned on this cover sheet been the plaintiff, defendant, or named on an Order of Protection? ☐ Yes ☐ No.  
If yes, please identify: \_\_\_\_\_

Was the Order of Protection granted by the Maricopa County Superior Court?

☐ Yes ☐ No

If no, in what court was the Order of Protection granted? \_\_\_\_\_

### Children's Issues Section

Are any of the children named on this cover sheet in any physical danger due to abuse or neglect? ☐ Yes ☐ No.

Has anyone named on this sheet had any involvement with AZ Child Protective Services? ☐ Yes ☐ No.

If yes, please provide CPS or Juvenile Court case #: \_\_\_\_\_

Name, phone, and site code of case manager: \_\_\_\_\_

Are any of the children listed on this cover sheet eligible for Tribal enrollment?

☐ Yes ☐ No. If yes, please indicate which Tribe/Nation: \_\_\_\_\_

Are any of the parents listed on this cover sheet Native Americans? ☐ Yes ☐ No.

Tribal information/ contact: \_\_\_\_\_

**LOCATION:** (Check the Superior Court location where you are filing these documents)

☐ Mesa – Juvenile Court ☐ Durango – Juvenile Court

**INTERPRETER:** Is an interpreter needed for any of the parties? If so, please check the appropriate box below. **NOTE: THIS IS NOT A REQUEST FOR AN INTERPRETER, THIS INFORMATION IS TO BE USED FOR INTERNAL PURPOSES ONLY.** An interpreter is needed for:

☐ Petitioner ☐ Mother ☐ Father (if more than one father, indicate which father needs an interpreter): \_\_\_\_\_.

**Language:** ☐ Spanish ☐ Other: Please specify: \_\_\_\_\_.

**Information about Additional Father of Child(ren)**

(If applicable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home phone #: (    ) \_\_\_\_\_

Work phone number: (    ) \_\_\_\_\_

Cell phone/pager: (    ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name(s) of child(ren): \_\_\_\_\_

**Information about Additional Father of Child(ren)**

(If applicable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home phone #: (    ) \_\_\_\_\_

Work phone number: (    ) \_\_\_\_\_

Cell phone/pager: (    ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name(s) of child(ren): \_\_\_\_\_